IOWA DEPARTMENT OF PUBLIC HEALTH BUREAU OF RADIOLOGICAL HEALTH

Lucas State Office Building/ 5th FI 321 East 12th Street, Des Moines, IA 50319

REQUEST FOR A NAME CHANGE ON A PERMIT TO PRACTICE

Please change my name from (print)):
To (print) :	
SS#	Permit to practice number
Signature	Date

Please email to: www.charlene.craig@idph.iowa.gov

Or FAX to: 515-281-4529

Or send to the address at the top of the page.